



DEPARTMENT OF HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
REGION IX

75 Hawthorne Street  
Suite 408  
San Francisco, CA 94105

FEB 11 2002

Phyllis Biedess, Director  
Arizona Health Care Cost Containment System  
801 E. Jefferson  
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-016, which updates the amounts relating to the increase in the Federal Benefit Rate and the increase in Arizona private pay nursing home rates. I am approving this SPA with the requested effective date of January 1, 2002.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto  
Associate Regional Administrator  
Division of Medicaid

Enclosure

cc:  
Joan Peterson, CMS, CMSO, FCHPG  
Elliot Weisman, CMS, CMSO, PCPG (two copies)

Phyllis / Branch  
Lynn D.  
G. Cheri  
copy

Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 4a  
OMB No.: 0938-0673

State: ARIZONA

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Citation

Condition or Requirement

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1924 of the Act

2.

The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

435.725

435.733

435.832

Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.

a. Aged, blind, disabled:

Individuals     \$ 81.75

Couples         \$ —

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children        \$ 81.75

Adults          \$ 81.75

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A.  
\$ 81.75

\* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$81.75.

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TN No. 01-016  
Supersedes  
TN No. 00-017

Approval Date

FEB 11 2002

Effective Date January 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

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3. Supplemental Security Income:

Individual Federal Benefit Rate:	\$ 545
Couple Federal Benefit Rate:	\$ 817
300% Individual Federal Benefit Rate:	\$ 1,635

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

TRANSFERS OF ASSETS (ON OR AFTER AUGUST 11, 1993)

Section 1917(c)  
of the Act

For transfers of assets on or after August 11, 1993, the State complies with 1917(c) of the Social Security Act, as amended by Section 13611 of the Omnibus Budget Reconciliation Act of 1993. Page 2 of Supplement 9 to Attachment 2.6-A specifies what constitutes undue hardship.

The period of ineligibility shall begin with the month in which such assets were transferred and the number of months in such period shall be equal to the total uncompensated value of the assets so transferred, divided by (check one of the following):

\_\_\_\_\_ \$ \_\_\_\_\_, which is the average cost to, a private patient at the time of application, of nursing facility services in the State; or

  x   the average cost, to a private patient at the time of application, of nursing facility services in the community in which the individual is institutionalized. The average monthly costs for nursing facility services in the various communities in the State are listed below:

Developmentally Disabled

\$3,303.09 (entire State)

Non-developmentally Disabled

\$3,540.67 (Maricopa County)

\$3,540.67 (Pima County)

\$3,540.67 (Pinal County)

\$3,290.17 (balance of State)

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SUPPLEMENT 12a TO ATTACHMENT 2.6-A  
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VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,635 (allowed by waiver)

Individuals receiving HCBS: \$1,635 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)